

WORKFORCE SERVICES

sdjobs.org

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

FAMILY SIZE

THIRD PARTY ATTESTATION

**This form must be signed and completed by someone other than the applicant.
APPLICANTS ARE NOT ALLOWED TO SELF-ATTEST THEIR FAMILY SIZE.**

I, _____,

certify that _____ has _____ people living with him/her as
NAME OF APPLICANT *number of people not counting the applicant*
part of his/her family.

Please provide specific information about any individuals living with the applicant and also provide an explanation of how you are in a knowledgeable position to attest to the fact(s) you provided. (Note: Use the back of this form if additional space is needed):

NAME	AGE	RELATIONSHIP TO APPLICANT
NAME	AGE	RELATIONSHIP TO APPLICANT
NAME	AGE	RELATIONSHIP TO APPLICANT
NAME	AGE	RELATIONSHIP TO APPLICANT
NAME	AGE	RELATIONSHIP TO APPLICANT
NAME	AGE	RELATIONSHIP TO APPLICANT
NAME	AGE	RELATIONSHIP TO APPLICANT

Explanation of how you are knowledgeable of the applicant's family size?

Attesting Individual's Signature _____ Date: ____/____/____

The signature above cannot be of the SCSEP applicant or an individual living with them.